

MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.

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LECTURE XXII.

DILATATION.

This is enlargement of the cavities of the heart. One variety of it is, as we have already seen, connected with thickening of the parietes of the heart, and is, therefore, properly considered as belonging to hypertrophy rather than to dilatation; but it also occurs as a distinct lesion, and then the parietes of the heart are in general not only free from thickening, but are rather thinner than natural. It is in itself by no means a formidable disease, but as it often is connected with different organic lesions, or with embarrassing nervous disorder, it may indirectly prove to be a source of great annoyance and even danger to the patient.

The causes of dilatation are nearly the same as those of hypertrophy, but, in the latter disease, the general state of the individual is more disposed to active nutrition of a semi-inflammatory kind, while in dilatation the force of resistance of the heart is in a great degree lost, and the organ becomes thinner and weaker. Hence it is more frequent in anemic individuals, especially in chlorotic girls, than in any other class of persons, just as hypertrophy is most frequent in males. The tissue of the heart is paler and more flaccid than in thickening, and there is very rarely that complication of endo or pericarditis which renders the membrane of a hypertrophied heart so often opaque and thickened. The degree of dilatation is very various; it never, in the simpler variety, reaches nearly to the degree observed in the cases complicated with hypertrophy, for the plain reason, that the powers of the muscular structure of the heart would yield to the continued stretching unless it were increased in thickness: hence there is a natural law of the economy that a dilated hollow organ tends to hypertrophy. Dilatation then often ceases to be simple, from the natural operation of this law. The organic lesions most frequently

conjoined with dilatation, are the disorders of the valves, especially the auriculo-ventricular. These are more frequently extreme patescence than thickening and contraction, and in some cases of dilatation the symptoms begin so suddenly, and with so much force from the first, that it would seem that one or more of the chordæ tendineæ had given way, producing a sudden inability of using the valves.

Symptoms.—The physical signs are less marked than those of hypertrophy. The percussion is rarely dull to the same extent, as it depends merely upon the blood contained in the heart, and not on the addition of solid muscular structure: it must, however, necessarily be more dull than usual, and the dulness will extend over a greater space. There is no prominence, for the heart has not force enough to act upon the ribs and oblige them to recede. The chief signs, however, of dilatation are the changes in the sounds of the heart. The thinness of the parietes increases the sharpness and loudness of the first sound, much as the thickening of hypertrophy renders it dull and less distinct; it therefore approaches, to a certain extent, the sharpness of the second sound. The latter is also increased, and becomes much more clacking than it is in the healthy heart. The rapidity of the heart's action is in most cases increased, sometimes to a very great degree, and slight causes produce palpitation.

Pain is not unfrequently complained of by the patient; sometimes it is sharp, but in general it is like the pain in most cases of organic disease of the heart, that is, dull and indistinct. When the pain is most severe, the case is generally complicated with functional disease of the heart. The disturbances of the capillary circulation of various organs, which are so apt to occur in hypertrophy, rarely take place in simple dilatation, so that the vascular symptoms of this disease are less evident.

General Symptoms.—As dilatation occurs chiefly in individuals of a nervous temperament, often more or less anemic, many disturbances are apt to occur in the nervous con-

dition of the patient; hence neuralgia, in its various forms, and hysteria are frequent complications. There is no other symptom properly dependant upon the disease, but a large number of functional disorders may either precede or accompany it, and modify the action of the heart. Hence complications of this kind are purely or nearly accidental. The most important is the general feebleness of the patient; as long as this continues, the action of the heart is rarely restored to its normal state, for the functional disturbance keeps up, as it were, the symptoms of dilatation.

Diagnosis and Prognosis.—The diagnosis of dilatation, and the organic diseases of the heart, is not very difficult, but it is often extremely embarrassing to decide between it and nervous disorder, that is, to ascertain how much of the symptoms is owing to each of these causes. The distinction depends on the signs of dulness found in dilatation, and the permanent loudness of the sounds of the heart; still it will often be exceedingly difficult to decide whether a heart which is the subject of great functional disorder is dilated or not. A hasty opinion must not be formed under such circumstances; but, by attention to the progress of the disorder, its true character will be developed. In this, as in other diseases of the heart, the functional affections are more or less temporary, the organic alterations are much more permanent, and, although they may subside for a time, they do not entirely disappear, unless a real recovery should occur. The prognosis of the disorder offers little of interest; it is scarcely fatal of itself, but, as connected with other disorders, it may undoubtedly exercise a certain agency in favouring and hastening their progress. A patient scarcely ever dies of simple dilatation.

Treatment.—In dilatation, as well as in hypertrophy, the treatment is not active, so far as our means of acting directly upon the heart extend. Our object is to tranquillize the action of the heart, and to support the strength of the patient, if, as often happens, it be much enfeebled. The pain which sometimes attends dilatation may be relieved by small blisters over the region of the heart, and to the spine, in those cases in which the action of the heart is in a great degree kept up by spinal irritation. Blistering, or other revulsives to the

spine, may cure the patient of the palpitation, and the dilatation will then present few symptoms of importance. The action of the heart in dilatation is not powerful enough to require the use of large doses of digitalis; if this remedy be administered, it should be given only for a short period, and in very minute doses, conjoined with aq. camphoræ, or lac assafœtidæ. Hoffman's anodyne answers very well for the same object, as a temporary tranquillizing remedy. The use of these various remedies is readily learned when it is remembered that the power of the heart should not be diminished, but that its irregular action merely should be checked. For the same purpose a rigid adherence to hygienic rules becomes necessary, and they should be nearly the same as those required for the treatment of hypertrophy. But as the nervous stimulants are more to be dreaded in dilatation than the more permanent excitants of the heart, the patient should carefully abstain from tobacco, tea, coffee, and avoid the mental and physical excesses which disturb the regular cardiac action. Those which act through the passions, or debilitate the nervous power by excessive fatigue from indulgence in sensual gratification, or undue culture of some of the faculties, are the most injurious.

If anemia complicates dilatation of the heart, a long continued use of tonics, especially the chalybeate, constitutes the best mode of treatment. The prescription which I prefer as a general rule is Valet's proto-carbonate of iron, in doses of two or three grains, with half a grain of rhubarb and a grain of ginger; of these pills the patient may take from three to four daily. The infusion of the *Prunus Virginiana* is an adjuvant to the chalybeate remedies of great value, and often succeeds in quieting the action of the heart. Cold bathing, sea bathing, and other tonics of this nature, are all necessary from time to time, and may be prescribed with advantage, as they tend to strengthen the general muscular system, and to increase the nutrition, without exciting the irritability of the heart.

This lecture brings to a close the series on diseases of the chest by Dr. Gerhard, published in this journal."

BIBLIOGRAPHICAL NOTICES.

Introductory Lecture to the Course of Chemistry, delivered in Jefferson Medical College, November 3, 1841. By FRANKLIN BACAE, M. D.

This is one of the best introductions of the season—a thoroughly well conceived and well written discourse. We should be glad to see it extensively circulated. It might be profitably read, not only by every student of medicine, but by very many professors of chemistry in our medical colleges. Chemistry is a branch much neglected by the student, because often badly taught.

Dr. Bache notices the applications of chemistry to medicine, and first of physiology.

"Although it has been conceded that vital phenomena must be considered as regulated by a distinct set of laws, yet it does not follow that they cannot be elucidated by chemistry. Vital phenomena are the result of the reaction of organic particles; chemical phenomena, of inorganic ones. Hence physiology and chemistry agree in studying molecular attractions, occurring either within or without the precincts of vitality. As the anatomist separates the grosser parts, and detects differences in structure, so the chemist executes a more minute dissection, by demonstrating the chemical nature of the different animal solids and fluids."

Professor Bache, in entering upon the chair of chemistry, announces his intention,

"To have particular view to the applications of chemistry to medicine. A general view of chemistry will be presented; but those parts of the science which have little or no bearing on medicine will be slightly touched upon; while the medical applications will be fully given."

Thus pointing out the correct mode of teaching his subject, the professor dwells at length upon the importance of its applications to medicine. With much force and point, he illustrates the intimate connection between the two sciences—"a connection which cannot be disregarded by the routine practitioner, much less by the scientific physician." We quote the following just remarks:

"It may be said that much of chemical knowledge is not essentially necessary to the practitioner. It may be alleged that a physician can pursue his profession, without being conversant with chemical physiology and pathology; without knowing the sources and mode of preparation of his chemical remedies; and without being acquainted with the signs of the purity of his medicines. For example, he may prescribe calomel without knowing that it is a

metallic preparation, and may, possibly, have studied its physiological and therapeutical effects. I am willing to grant all this: but he may prescribe the same medicine, without knowing that there is such an organ as the stomach! Would this be a valid argument against the indispensable importance of anatomy? No, Gentlemen, we must not listen to such arguments, which, if admitted, would degrade a noble profession below the level of the meanest trade. The students of this college will never condescend to calculate what is the lowest amount of knowledge which may enable them to write a prescription, and drag along in obscurity, with professional acquirements barely sufficient to screen them from merited contempt.

"Chemistry, as a science, has general merits, independently of its application to our profession. Its study enlarges the mind, and presents us with many phenomena, pre-eminently striking and beautiful. Surrounded as we are by the material world, and dependent on it for our comforts, our pleasures, nay, our very existence, we must be sensible how important it is for us to become thoroughly acquainted with the nature of matter. Would it be pardonable in a physician to be unacquainted with the chemical properties of the air we breathe, or of water, which is so essential to the maintenance of life, and which constitutes nine-tenths of our blood, and forms the basis of all the fluids of the body? Independently of the indispensableness of air to life, both animal and vegetable, it is the agent by means of which we speak and hear, and are enabled to perceive odours. Without it, fire could not be sustained, the infant could not draw sustenance from its mother's breast, water could not be raised in a suction-pump, and the familiar operations of leeching and cupping could not be performed."

The tone of this introductory lecture warrants anticipations of a valuable course of lectures from a chemist and teacher of Professor Bache's high reputation—anticipations which we have grounds for saying have thus far been realized.

An Introductory Lecture on the Objects and Nature of Medical Science, delivered in the Hall of the Medical Department of Transylvania University, on the 3d day of November, 1841. By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in Transylvania University.

This is, like all Dr. Bartlett's writings, plain, straight forward, and strictly to the point. We know that such is not the usual fashion of introductory lectures. They are in general intended, not to form part of the course—not even to commence it—but to say

some agreeable, and, if possible, striking things, to catch the applause of the class, and make—to use the trivial term—a sensation. We must express our dislike of all this. We do not admire, in a scientific course, any thing which savours of petty expedients, and a highly dressed introductory lecture gives us some distrust of the fitness of the lecturer for a scientific chair. It is true this is not always just. There are men who retain the first rank as teachers of truth, and yet shine as rhetorical writers; and it is pardonable enough for them to indulge their fancy on the only occasion which admits much display of it. Still, there is, in most cases, a connection and resemblance in every thing a man does, which marks, to a certain extent, the character of his mind; and the best augury of an excellent course, is an introductory lecture which announces logical powers of mind in the teacher and a clear happy method of demonstrating the truths of his science, and the immutable laws which govern them, like all other of the phenomena of nature.

THE MEDICAL EXAMINER.

PHILADELPHIA, DEC. 25, 1841.

On Saturday, December 11th, and again on the 18th, we had the pleasure of witnessing, by invitation, several operations by Professor Pancoast at the Philadelphia Almshouse Hospital. The first was an amputation at the knee joint, performed in a case of necrosis and caries affecting nearly the whole length of the tibia. The ulcerous action was making rapid progress in the cancellated structure of the head of the bone, and cicatrices, the result of ulceration around the orifices in the soft parts which gave exit to the pus, approached so near the knee as to preclude the possibility of forming a healthy flap in amputation through the bones of the leg. The operator, in his address to the class, prior to the introduction of the patient, dwelt at length upon the mortality attendant upon amputation at other points than the joints, especially from phlebitis and metastatic abscess, drawing his conclusions from what have been recently considered as furnishing the least disputable data—the *tabular results* of hospitals and individual surgeons. He

argued to a conclusion which we do not esteem an absolutely legitimate one; namely, that amputation of the thigh must necessarily prove more mortal than the average, because it involves so great a mass of important organs; and he decided upon amputation at the knee joint, in consequence of the smaller extent of highly important soft parts interested in the incision. He thought that, fewer veins of importance being implicated, there would be less chance of phlebitis in this operation than in that usually performed above the knee. Moreover, he believed that the stump would be more available, from the great breadth of the bone at this place and the length of the lever remaining, in accomplishing the various motions of the limb. But he admitted that this mode of operating was still, in all particulars, *sub judice*.

We are not fully prepared to join issue with the Professor, at present, on any of these points of opinion. They should have their just weight in such questions, but we are inclined to doubt whether that weight will prove to be considerable. Nothing is more likely to mislead the surgeon (or, indeed, *the physician*, who is not a very accurate reasoner,) than too exclusive dependence upon statistical tables of results. These tables seldom involve the tythe of the data necessary to a wise conclusion upon the propriety or impropriety of any given operation; and still less frequently do they enable us to separate the unfortunate results due to the *nature of the operation* from those which are due *simply to the mere fact of operating at all*, under peculiar endemic or epidemic influences.

Results deduced from a series of observations upon the graver class of operations, made during the prevalence of erysipelas, and presented—jumbled together with a mass of cases collected under other circumstances—in a barren, tabular form, are worse than useless,—*they are absolutely deceptive*—unless employed exclusively by the really philosophical surgeon. A series of positive observations upon any particular accident in the crowded wards and foul atmosphere of the *Hotel Dieu*, should be regarded as of little weight in regulating practice in the free halls of American hospitals. Add to this, that in the first rise of a novel plan of treatment, a dozen happy cases may appear

to establish a practice,—as, in the first series of amputations at the knee by M. Velpeau—yet, that half a dozen next succeeding may be so unfortunate as to lead to its repudiation; as, in the second series of observations by the same justly distinguished operator. And it does not even follow, necessarily, that the merits of the operation itself have any essential connection with either the favourable or the unfavourable results; *they may all be* justly attributable to fortuitous circumstances incapable of presentation in a table. Until, then, we can cause the acumen in diagnosis, the moral dependability of operators, the atmospheric and other hygienic circumstances of each patient, the epidemic and endemic peculiarities of the season, the particular constitution, bodily and mental, of the patient, and the condition of the parts through which the incisions have been carried, together with many other points, to be fairly stated, we must confess that we have far more confidence in certain general principles, with a fair proportion of common sense in applying them, than we have in any application of the science of numbers to the profession of medicine. Frankly, we do not believe—the evidence of tables to the contrary notwithstanding—that the amputation of the thigh—*per se*—is very dangerous to life!

But we are wandering from our subject. There can be no doubt that the amputation at the knee joint involves fewer parts of importance than that performed at any other point between the ankle and the hip—and the only questions involved in the discussion of its propriety are the capacity of the synovial and other articular tissues to support the consequences of the operation without engendering dangerous irritation, and the ability of the patient to endure the exhaustion of extensive suppuration from a wide expanse of flap and stump. We felt convinced, before the operation, that union by the first intention, to any very great extent, would be rendered impossible, even between the lips of the flap, by the flow of altered or vitiated synovia from the remnants of the membrane, and from the great rectal bursa; and it will be seen in the sequel that this anticipation was correct. The whole inside of the flap is necessarily suppurating, and the whole surface of the joint, and, doubtless, the bursa also—withstanding the singular assertion of M. Velpeau that this sack is closed by the retrac-

tion of the patella and thus prevented from complicating the case—are still pouring out synovia.

But, let us describe the operation. The patient was a negress of about middle age. The disease had continued many years, and during the last summer, the exhaustion from the discharge threatened the destruction of life. The invigorating effect of the cold weather brought about a rally of the constitution, but it appeared improbable that the relaxation of another summer could be endured in safety. There was, therefore, no question of the propriety of amputation *somewhere* in this case, seldom as this operation is really warrantable in necrosis. The condition of the skin on the anterior part of the leg limited the length of the flap in front to about the breadth of three fingers from the patella; but laterally and in the rear, there was an ample supply of integuments.

The patient was placed upon the table face downwards, with the legs extended beyond the edge. The tournequette was applied to the popliteal artery very near the knee. An incision was made directly across the limb, as far beneath the attachment of the ligament of the patella as the state of the skin permitted. It was carried around about one-third of the circumference of the limb. From its two extremities, two other incisions were made, sweeping downwards and towards the calf, and then reascending until they met at a very acute angle, just at the lower part of the ham opposite the knee-joint. These incisions included two semi-elliptical flaps of integuments, one on the outer and the other on the inner side of the leg, the long axis of the ellipse being parallel to the long axis of the leg, and the flaps extending nearly three inches below the first or transverse incision. These flaps were detached and reverted, together with the edge of the transverse incision, as high as the patella. The ligament of the patella was then divided, as were also, in due order, the external and internal lateral ligaments. Access to the joint was then perfectly easy. The crucial ligament was detached, and the knee flexed and dislocated. The soft parts of the ham were divided by a stroke or two from the scalpel, (the only cutting instrument used,) and the leg removed. The remains of the lateral ligaments were cut away from the sides of the

condyles—the popliteal artery tied, and the tourniquet relaxed—Two or three small vessels then required the ligature. Very little blood was lost, and that little chiefly venous. The flaps were ample, and, after the application of two or three sutures, were bound down to the articular surface by gentle pressure applied by bandage over compresses, and the patient was removed, with a pulse very slightly influenced by the operation.

This morning, Dec. 18th, one week after the operation, we were permitted to examine the stump. Union to the extent of several inches—perhaps six—had taken place posteriorly between the edges of the elliptical flaps. Anteriorly, between those flaps and the edge of the first or transverse incision, granulations were found, but there was no attempt at adhesion. On the removal of the adhesive strips, a slight parting of the edges brought into view the surface of the articular cartilage, smooth, shining, and perfectly unaltered. Free, but not profuse suppuration was going on evidently over the whole interior of the flaps, and a moderate discharge of synovia was mingled with the healthy pus. The patient has not suffered any disturbance of natural rest, or any notable access of fever since the operation. Her countenance displays cheerfulness, and more vigor than it exhibited prior to the operation. There is no inflammatory action observable, as yet, about the stump.

No case could be more promising up to this moment; and we consider it a piece of good fortune to have the opportunity of judging by actual observation, the ulterior consequences of this operation, free from all complications. Both the operator and ourselves were under the impression that this was the first case of amputation of the knee-joint performed in America, but we are informed that it was resorted to by a surgeon in Florida some years ago, and that the stump is a very available one, the patient having since visited Paris to obtain a suitable wooden leg. We should be glad if any of our correspondents could furnish us with the details of the case, or a reference to them if published. In Dr. Pancoast's case, it is evident that the skin which must bear the greatest amount of pressure when the patient has recovered, is that originally supplied from the lateral parts of the leg. This, it appears to us, must also be the case when circumstances

admit of the employment of the circular flap of Velpeau. The oval flap of Baudens is objectionable in every point of view, and was very properly condemned by the Professor in his introductory remarks prior to the operation.

If the operation should become established—which we by no means anticipate—we would suggest the propriety of taking the greater part of the flap from the anterior and lateral parts of the leg, when it can be obtained there, in order to throw the cicatrix altogether behind the prominence of the condyles, which would secure us the advantage of bringing the pressure of the body entirely upon the part of the integuments most capable of enduring it.

Our limits compel us to defer our remarks upon another interesting operation by Dr. P., and some further observations on the case of ankylosis of Professor Gibson, &c., until the appearance of the first number of the new series, in January.

DOMESTIC.

We quote from the N. Y. Medical Gazette for December, the following case described as fungus hæmatodes, chiefly because it furnishes a clear account of the condition of the lungs at a very advanced period in the progress of those changes induced in the thorax, towards the fatal conclusion of the peculiar disease described. Death generally follows amputation in this affection, before the morbid alterations of the thorax have reached such high perfection. The case will have additional interest for our older subscribers, in consequence of its parallelism with one evidently identical in the character of the disease reported by our friend, J. M. Wallace, M. D., then House Surgeon of the Pennsylvania Hospital. An account of the amputation—performed by Jacob Randolph, M. D., at that institution—together with its immediate consequences, will be found in our first volume, page 101, and the autopsy, performed about ten months after the operation, in the private practice of Dr. Wallace, is described at page 326 of the same volume.

It seems to us that, in Dr. Wallace's case, the progress of the tumor in the chest appears to have been arrested by death at an earlier period than in that reported by Dr. Markoe—

the encephaloid matter having become chiefly solved or broken down in the latter case, while in the former it constituted the mass of the diseased structure. The description by Dr. M. of the condition of the limb prior to amputation, is somewhat more full and satisfactory than that given by Dr. W.; the latter not having noted the condition of the veins on the superficies of the tumor, *if, indeed, they were really enlarged*. This varicosity, together with the regular encysted character of the tumors—both primary and consecutive—seem diagnostic in this form of disease, while the existence of bony spicula in both cases, and the altered texture of the femur, prove its accidental periosteal origin.

We have seen several cases of precisely this character, all terminating mortally, without operation, but have never been convinced that the disease is identical with that form of tumor equally ranked under the head of fungus hæmatodes, which sometimes seems to have a purely vascular origin, or takes its rise in an ecchymosis, and *walks regularly through all barriers of tissue*, regardless of their nature. The diagnosis of fungus hæmatodes is so obscure that, until informed of the peculiar views of the writer, we hardly know what idea to attach to the word when we meet with it in surgical works. The term "soft cancer," so often applied to one set of cases, could not be applied with any propriety to those alluded to in this article, which form a distinctly marked natural group, though whether they are *essentially* different from many others (those of the antrum, for instance) usually included under the head of fungus hæmatodes, can only be determined by the observations of the contemporary changes of structure in different organs of the same individual. A mass of such observations on the stomach, liver, lungs, &c., when affected with malignant alterations of structure, appearing simultaneously with, or as an obvious sequence of well known external tumors, would enable us to clear our diagnosis of constitutional surgical diseases, by distinguishing between the mere modifying influences of the structure of tissues and essential differences of vital action. In this point of view, both the cases to which reference has been made are deeply interesting.

R. C.

Fungus Hæmatodes of the Thigh—Amputation—Return of the disease in the Chest. By T. M. MARKOE, M. D., House Surgeon N. Y. Hospital.—Joseph Peabody, aged 20, a native of Rhode Island, farmer, was admitted in the N. Y. Hospital, Oct. 6, 1841, with a large tumour on the left thigh, just above the knee-joint: of its origin he gave the following account. About eight weeks before his admission he laid down, while much heated by exercise, on some damp hay, and fell asleep. When he awoke he felt a sensation of stiffness about his right knee-joint, followed, in a short time, by a swelling on the upper and inner part of the knee, attended with some pain. This did not attract his particular attention for two or three weeks, during which time he made a journey from Wisconsin, where he was first attacked, to New York. Soon after his arrival here the swelling increased very rapidly, and was attended with a great deal of pain, so much that he was completely disabled. He then, by the advice of a physician, had the joint leeches several times, and put himself under the care of several different quacks in this city, without any benefit. The disease steadily advanced, his sufferings becoming so great as completely to deprive him of sleep. His health and strength failed rapidly, and his constitution seemed to be giving way under the violence of the disease. When admitted to the hospital he was pale and emaciated, with an anxious expression of countenance, strongly indicative of some severe disease. The tumour was situated on the outer and posterior parts of the right thigh, immediately above the knee-joint. At its largest part the diseased thigh measured 21 inches, while the sound one measured only 13. The tumour was quite firm to the feel, though with an obscure sense of fluctuation in some parts, apparently lobulated in its form and firmly fixed to the bone. Some parts of its surface were of a livid hue, with large veins traversing it in all directions. It was excessively tender to the touch, and he suffered in it, even when not handled, paroxysms of most excruciating pain. These pains were of a lancinating character, and confined to the tumour itself. The surface of the tumour was tense and shining, and its temperature was considerably above the natural standard. The foot and leg were œdematous, and the glands in the groin somewhat swollen and tender.

At a consultation of the surgeons, the disease was pronounced at once to be of a malignant character, and amputation was recommended as presenting the only chance of saving, or even of prolonging his life. The limb was accordingly removed at about the middle of the thigh, by Dr. Cheesman, on the 7th of October.

On laying open the tumour, it was found to consist, in part, of irregular cavities, containing a dirty brownish red fluid, and in other parts presenting an appearance like the sub-

stance of the brain, containing innumerable clots of blood of different sizes. It was firmly attached to the bone, which was itself softened and partly disorganized, and of a dark purple colour in the neighbourhood of the tumour. The whole was contained in a sac forming various lobes, generally not adherent to the surrounding tissues. Some parts of the muscular fibre which were most closely attached to the tumour, were beginning to be changed into a white fatty material, with obliteration of the original fibrous texture. Spiculæ of bone were felt here and there throughout the mass, more particularly in the fibrous envelope.

No unfavourable symptoms followed the amputation. The stump healed rapidly, and the patient regained his strength and spirits. His appetite returned, and he began to gain flesh. By the first of November he had recovered so far as to be able to leave his bed and sit up during the greater part of the day.

About this time, however, unfavourable symptoms began to appear. He complained of flying pains in his chest, accompanied by some dyspnoea and a short cough. The pulse became habitually frequent, and very often at evening his skin would be hot and dry. At the same time he became much dispirited and anxious about his prospect of recovery. His condition was not at all improved by the course of treatment adopted, which was moderately tonic, with occasional laxatives and counter-irritation to the chest. On the contrary, he failed rapidly. The cough almost entirely ceased, but his respiration soon became excessively embarrassed; indeed his principal complaint was of a sense of stricture in the lower part of the chest—which rendered a full expansion of the chest impossible. This was accompanied by palpitation of the heart, on the least exertion. The physical signs, on examination of the chest, were complete dulness on percussion, over the whole left side, and entire absence of respiration. The heart appeared to be displaced downwards and towards the median line, so that its pulsations were most distinctly felt in the epigastrium. The upper part of the abdomen, just below the edges of the ribs, was tense and hard, and perfectly dull on percussion. The lower part was without distension or dulness. With all this disease going on in the chest, the pulse was not at any time much excited, but was becoming more and more feeble every day, and his strength was rapidly failing. What tended most to reduce him was the profuse night sweat from which he suffered every night, and after which he always appeared much exhausted. Anodynes were the only remedies which gave him any relief from his sufferings, and he was accordingly kept constantly under their influence. He died apparently suffocated, Dec. 3d, 1840, a little less than two months after

the amputation, and about four months from the commencement of the disease.

Post Mortem 18 hours after death.—On laying open the abdomen, the diaphragm on the left side was found pushed down, and forming a pouch reaching nearly to the umbilicus. This proved to be one of the walls of an immense cavity, bounded above by the lung and sides of the chest, and containing full a gallon of reddish brown watery fluid. The wall of this cavity presented a mottled appearance. Rounded, flattened bodies, of a size from a pea to a hickorynut, and generally of a yellowish colour, lined the greater part of the cavity. These bodies were found to consist of a homogeneous soft brain-like matter, breaking down on very slight pressure. In various parts of the cavity, but principally at its lower portion, there existed numerous thin layers of soft semi-organized membrane of a dark red colour. In other parts the deposit was of a darker shade than that described above, and of a softer texture, and containing numerous points of coagulated blood. The lung of this side was pushed up to the upper part of the chest, and was every where closely adherent to the *pleura costalis*. Indeed no part of the original cavity of the pleura existed. The whole substance of the lung was converted into a soft, friable, reddish-white mass, in which no traces of the original texture could be observed except a slight striated appearance of the surface, and its breaking into pretty regular flakes on attempting to raise it. The pleura and apparently the sub-pleural cellular tissue, in many parts, particularly along the spine, were converted into a tissue of a chalky feel, friable, and of a whitish colour. This deposit was more particularly abundant in the upper part of the chest, and was the means of an almost inseparable union between the lung and the walls of the chest. On the surface of the other lung were several spots, from the size of a five-pence to that of a shilling, piece where the pleurae were adherent, in some of which the same chalky matter above described existed. Near the root of this lung was a mass half as large as an egg, of the same soft texture as that into which the left lung was entirely converted. The heart was healthy, but much displaced downwards and inwards.—The abdominal organs presented no trace of the disease. The stump was particularly examined, and the glands in the groin above, both were apparently perfectly sound.—*N. Y. Medical Gazette.*

We have much pleasure in complying with a request of our friend, Professor Dunglison, to publish the subjoined correspondence in defence of a distinguished English physician from an undeserved imputation which has been cast upon him in this country. It appears that

Dr. Paine, of New York, author of *Medical and Physiological Commentaries*, conceived that an unfavourable review of his work in the *British and Foreign Medical Review* had proceeded from the pen of Dr. Carpenter, of Bristol. In a reply to this *critique*, Dr. Paine felt himself warranted, not only in treating Dr. Carpenter as the author of it, but in fathering upon that gentleman a previous article in the same review, which contained a plagiarism from the writings of Dr. Channing. This imputation upon Dr. Carpenter has, we are informed, been extensively circulated in this country, and it is but justice to give currency to his refutation. We have no doubt that Dr. Paine will, if opportunity offer, be happy to unite in the correction of an error into which he has been thus hastily led.

Copy of a Letter from Dr. W. B. CARPENTER, of Bristol (England), to Professor DUNGLISON, of Philadelphia, in reference to certain charges made against the former, by Dr. MARTIN PAINE, Professor of the Institutes of Medicine in the University of New York, in his "Examination of Reviews, &c."

BRISTOL, Nov. 16, 1841.

My Dear Sir,—Having just received from Dr. Paine a copy of his "Examination" of the *Critique on his Medical and Physiological Commentaries*, which appeared in the April number of the *British and Foreign Medical Review*, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling me out as the author of it, and in animadverting upon what he considers to be *its* misrepresentations, as if they were *mine*, (thereby attempting to make that a matter of personal discussion between us, for which the editor of the Review holds himself responsible)—but also in fixing upon me a charge of literary plagiarism, which is calculated, if I allow it to remain uncontradicted, to do great injury to my personal as well as to my scientific character.

Before going further, I must express my astonishment that any person holding the position which Dr. Paine occupies, should commit himself to so grave a charge against an individual, to whose discredit he *knows* nothing, upon evidence so flimsy as that which he adduces; especially as he must have been aware that, from the distance of the accused party, his defence could not be laid before the public until many months should have elapsed since its publication, during which time an injurious impression would have been formed not easily to be eradicated. And I think that I have further a just right to complain, that Dr. Paine's inculpation of me is not confined to surmise; but that, after he has proved his point to his

own satisfaction, he has taken it for granted, and, throughout the latter part of his pamphlet has continually coupled my name with the accusation of gross plagiarism.

The evidence which Dr. P. adduces in support of the charge, is briefly the following:—Having made up his mind, from certain coincidences of opinion and of expression, between the *Critique on his Commentaries*, and my *Principles of Physiology*, that I must be the writer of the former, he has searched in previous numbers of the same Review for articles written, as he imagines, by the same author. In this search he thinks himself assisted by references occasionally made from one article to another,—the complete fallacy of which kind of evidence is exposed in Dr. Forbes's letter. Upon the same evidence, I must have been the reviewer of my own work; and I am not certain whether Dr. P. does not mean to insinuate as much. Any person, however, who carefully reads that review, which I did not see until it was in print, may find abundant evidence of the absurdity of such an idea. With respect to the other chief source of Dr. P.'s evidence,—coincidence in opinion, and in the mode of expressing it,—I will only say that Dr. P. shows great ignorance of the state of physiological science in this country, if he imagines that the opinions expressed in my *Principles*, on the subjects alluded to, are at all peculiar to myself, and it is very natural that one writer should almost unconsciously adopt the phraseology of another who has recently treated of the same questions, when desiring to express the same ideas.

So much for the evidence on which Dr. P.'s charge is founded. I have thus examined it, merely to show how unjustifiable it was in Dr. P. to charge me with the perpetration of a gross literary theft, upon no better grounds. The charge itself,—that, in a review of Hunter on the Blood, in a former volume of the same Journal, I unceremoniously adapted certain passages from Dr. Channing's *Essay on Milton*, to a very different purpose,—is easily disposed of. *I did not write that review.* To those who know me, my simple denial would, I am confident, be amply sufficient; but for the satisfaction of Dr. Paine, who, in his ignorance of my character, may think me as capable of asserting a falsehood as of stealing a paragraph, I enclose a note from Dr. Forbes confirmatory of my assertion.

Dr. Paine considers that his identification of me with the plagiarist is triumphantly confirmed, by a correspondence which he imagines that he has detected, between certain passages in my *Principles of Physiology*, and others which he has selected from Dr. Channing's *Sermons*. I am myself completely at a loss to discover this correspondence; and my friends here find it equally difficult. The falsity of this charge is as easily proved as that of the other; for *I have never* (I speak it almost with

shame) read the *Sermons* from which Dr. P. quotes. The ideas which I have expressed have so long been familiar to my mind, that I cannot imagine that they involve any thing peculiarly *Channing-ian*. If any correspondence do exist, it is easily accounted for by the fact, that I received my education from one who was for many years the respected and attached friend of that illustrious man, and whose mind, cast in the same mould with his, impressed mine with those habits of thought, which have led to whatever similarity may present itself between our published opinions.

In regard to Dr. Paine's criticisms upon the scientific opinions I have expressed in my *Principles of Physiology*, I shall not now offer any remarks; nor do I intend to take up the gauntlet from an opponent, who has shown himself so destitute of judgment and of good feeling. Of the merits of our respective productions I am quite content to leave the public to judge.

Having few means of placing my statement before the medical public of America, save through your mediation, I take the liberty of so far trespassing on your kindness, as to request you to gain insertion for it in such journals, as may give it a circulation equal to that of Dr. Paine's calumnious charges against me.

Believe me to remain, dear Sir,

Respectfully and sincerely yours,

WILLIAM B. CARPENTER.

From Dr. FORBES, Editor of the *British and Foreign Medical Review*, to Dr. W. B. CARPENTER.

DEAR CARPENTER,—As I think it would be a piece of silliness, only second to that of writing and publishing the "Examination," to attempt any detailed or serious reply to Dr. Paine's wordy reclamation, or any justification of the article in the *Review* to which it refers, I shall take no notice whatever of his attack, further than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns you,—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation. The conduct of the writer of that review, in palming upon the Editor a portion of the writings of another for his own,—if really done intentionally and with a view to deceive (I would fain hope that the fact may admit of some other interpretation,) cannot be sufficiently reprobated. Although, as being the first specimen I had had of this person's writing (and, with one trifling exception, the only one I have ever had) I might be forgiven for not suspecting the authenticity of the surreptitious passages, I take shame to myself for being so little acquainted with the eloquent writings of Dr. Channing, as not to detect the theft before the MS. left my hands for the press.

Perhaps when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the *Review*, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not gratify his curiosity on this point, by either affirming or denying the accuracy of his conclusions; and I do not see any reason why you should.

It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a *Review*, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two,—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial *wæ*.

In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favourable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work which, of course, no human being will read, except the author himself, perhaps the writer of the inculcated article, and, alas! the editor of the review.

It is lamentable to see how this mortification of Dr. Paine's self-love has clouded his judgment throughout the whole composition of his pamphlet; and this obfuscation is nowhere more conspicuous than where he attempts to convict you of plagiarising, in your "*Principles of Physiology*," from Dr. Channing. The very examples he adduces confute the charge.

Believe me, dear Carpenter, to be

Most truly yours,

JOHN FORBES.

Old Burlington Street, Nov. 15, 1841.

FOREIGN.

Quackery and Humbug.—Inflammation.—The Medical Society of London held its first meeting for the session on the evening of September 27, 1841; Dr. Clutterbuck, president, in the chair. There was a very full attendance of members and visitors. In some preliminary observations, Dr. Clutterbuck took occasion to allude to several kinds of "quackery" and "humbug" which have lately prevailed, to a certain extent, in the profession. He particularly alluded to some new operations for defective vision, to operations for stammering, and to mesmerism. He classed the three together as being equally worthy of condemnation. He could not help expressing regret and surprise, that such proceedings as those should obtain even a transient notoriety in a profession so

strictly one of fact as that of medicine. When, however, they did, unhappily for the public and the profession, succeed in obtaining dupes, then it was the duty of societies, like the Medical Society of London, to expose and condemn the fallacies. This was one great benefit which medical societies conferred upon the public.

After some further observations on the mode of conducting proceedings in the society, a paper was read from the pen of the president, entitled, an "Attempt to show that most Diseases originate, directly or indirectly, in Inflammation." The paper was long and elaborate, and we can scarcely venture upon an abstract of it in the present *Lancet*. Suffice it to say, that by a course of very ingenious reasoning, the author endeavoured to show, that almost all diseases, except those which might be considered as merely symptoms, had their origin, more or less remotely, in that state which is denominated inflammation. This inflammation might be of such a character as to be at once recognized, or it might be so insidious as to destroy life, before its presence was detected. Happily, however, the practitioner had, most generally, sufficient evidence of its presence; for, although the four more ordinary signs of inflammation—heat, redness, swelling, and pain—were not to be detected in all cases of inflammation of the vital organs, still, when these were inflamed, there was such an exaltation of the vital properties, so general a febrile state, such an interference with the function of the organ, and such evidence of sympathy manifested by other and remote organs, that the diagnosis was rendered less difficult than it otherwise would be. The author proceeded to enumerate various diseases which originated or were accompanied by inflammation; and concluded by observing, that out of the one hundred and fifty genera enumerated in the nosology of Cullen, one-half of them were merely symptoms or varieties of disease, and not diseases themselves. Of the remaining genera, another half had their origin in inflammation.

Lancet.

Cases of Granular Disease of the Kidney.—

John Fisher, aged 31, a milkman, was admitted into Sutherland ward, King's College Hospital, on the 19th of April, under the care of Dr. Todd. He is an intemperate man, drinking freely of porter and gin. He was quite healthy until six months ago, when he was much exposed to cold and wet, and caught a violent cold. He had cough, with grayish expectoration, great dyspnoea, and palpitation, which was much increased by exertion, and which soon compelled him to keep to his bed. He says that at this time he had inflammation of the chest, the chief symptoms being great pain in the right side of that region. He kept his bed for six weeks, and at the end of that time first observed that his body was puffed in

various parts. He noticed the swelling first in the face, then in the feet and ankles; the abdomen became swollen at the same time. During the six weeks mentioned, the bowels were much affected, and he had severe pain and purging of a black-looking foetid matter. For the last two or three months he has been complaining of dyspnoea, and a slight cough, with mucous expectoration; occasional palpitation of the heart; the legs have been more or less oedematous, and the abdomen swollen. The urine has been rather scanty, and he has passed it frequently. At present there is great oedema of the feet and legs, and ascites; the face and eyelids are puffed. He has dyspnoea and frequent cough, attended with frothy expectoration; pulse 100, feeble; skin dry. The chest is resonant on percussion; rather less so over the inferior part of both sides behind; respiration pure in front; some large crepitations behind at the inferior part. No impulse of the heart is perceptible, the sounds are distant and feeble; there is no abnormal bruit; the urine is pretty copious, of smoke-brown colour, specific gravity 1010; it gives a cloudy precipitate on the application of heat, or on the addition of nitric acid; appetite pretty good; some thirst; tongue clean; bowels open. Cupped in the thorax to sixteen ounces. To have a sixth of a grain of potassio-tartrate of antimony, six grains of nitrate of potash, and an ounce of water, every five hours.

Urea was found to exist in the blood and saliva, by the use of the common salt test.

April 20. The heart's action is much more natural, the sounds clearer, the impulse is feeble; breathing easier; cough less troublesome; the face is less puffed; the quantity of urine is about three pints in twenty-four hours. Add to each draught a twelfth of a grain of tartar-emet. To have a hot air bath.

22. The breathing is easier; the countenance much improved; expectoration less frothy; sounds of the heart clearer; appetite good; less oedema of the legs; urine less cloudy; pulse 105; tongue whitish. Continue the medicine. To have beef-tea. The urine is very acid. Nitric acid and heat give a cloudy precipitate.

23. Perspired a good deal during the night; no nausea or vomiting.

24. Pulse 108, soft, rather fuller; respiration 30; perspired for about two hours during the night; the perspiration was preceded by heat of skin and feverishness; the skin is now quite cool; bowels regular; specific gravity of urine a little below 1010; second sound of the heart very feeble.

25. The heart's impulse is heard over a more extended surface than natural. To have twelve grains of Dover's powder, and eight grains of nitrate of potash at bedtime; to have a quarter of a grain of elaterium early in the morning, or at noon.

27. Slept well, and perspired profusely about

one o'clock in the morning, for about an hour, all over the body, but so much about his head as to wet his nightcap; he perspires now a little whenever he goes to sleep; skin cool; bowels confined, having been unacted upon by the elaterium; expectoration less. To have half a grain of elaterium twice a day.

28. Swelling of the legs much reduced; heart's sound more natural, and second sound louder: pulse 100, feeble.

29. There is a decided diminution of the precipitate in the urine, both by heat and nitric acid. The precipitate by nitric acid is small and cloudy, and floats on the surface of the fluid. Urine increased in quantity, specific gravity 1015; anasarca diminished; bowels slightly opened twice a day; tongue clean. To have a mutton chop. Ordered to take half a grain of elaterium three times a day.

May 1. Specific gravity of urine 1013; the elaterium made him sick, and purged him; anasarca and ascites diminished; pulse 104; tongue clean and moist: appetite good; heart's sounds louder. To have half a pint of porter.

3. Perspired a little in the night; anasarca nearly gone. Go on with the elaterium.

4. The skin of the legs is less scurfy, and the œdema much diminished. Perspired freely for about two hours in the night all over the body; heart's sounds clearer and more distinct. The impulse is scarcely perceptible to the hand, but the sounds, with this exception, are normal. Pulse 100, weak; abdomen less swollen, and fluctuation less distinct; urine more natural in colour; the precipitate is very much diminished in quantity; specific gravity 1015. Repeat the hot-air bath.

8. Last night he had a violent pain in his right shoulder, which continues, but is not so severe; specific gravity of urine 1020; deposit of albumen less; ascites less, but not completely gone. Omit the elaterium. Repeat the hot-air bath at night.

11. Anasarca nearly gone.

18. Had a bath last night, and perspired copiously; pulse 108; swelling quite gone, and he feels much stronger; specific gravity of urine 1017; the addition of nitric acid produces a slight cloudiness; bowels confined.

June 3. Is convalescent; no trace of urea in the saliva. Discharged, apparently in good health.

H. L., aged 52, a widow, charwoman, was admitted into Augusta ward, under the care of Dr. Todd, on the 24th of June, 1841. She is of a sallow complexion; never had any children. She has usually enjoyed good health. About six weeks ago she was seized suddenly, after being much fatigued, with pain in the left side, and shortness of breath, with a swelling of the whole of the upper part of the body. For these symptoms she was bled the next day, and took

some purgative medicine, which she says made her mouth sore. About four days after this the swelling left the body, and went into the thighs and legs. The pain in the side was very severe, and continued for four or five days, when it gradually became better. She was at that time much troubled with palpitation, but she has not felt it lately; her strength has been much reduced, and she has lost flesh considerably. Last week she began to have a pain shooting up the right side of the head, which still continues. At present the pain in the head is still severe, and there is slight puffiness of the face. There is no swelling of the arms and body. Both legs and thighs are anasarca; and there is considerable hardness of the cellular tissue on the backs of the feet, particularly in the right foot. She has no pain, with the exception of that in the head.

The urine is of a smoke brown colour, and with heat and nitric acid throws down albumen in considerable quantity; specific gravity 1010; bowels open; skin cool; tongue clean and moist; pulse 70; heart's action natural; no difficulty of breathing; chest sounds well on percussion; catamenia ceased three years ago; appetite good. To have a hot-air bath every night at bedtime, and to take five grains of Dover's powder and five of nitrate of potash three times a day. To be placed on middle diet.

June 26. To have a hot-air bath. The saliva and blood are found to contain urea when tested by the muriate of soda.

27. She perspired freely after the bath yesterday, and felt relieved by it. The pain in the head continues; the swelling is unaltered; bowels confined; pulse 80. Repeat the hot-air bath to-morrow. To have half a drachm of the compound jalap powder to-morrow morning.

29. Had an attack of diarrhoea yesterday, and therefore did not take the powder. Had the hot-air bath repeated yesterday. The swelling is a little reduced. To have an ounce of the compound chalk mixture every three hours.

July 1. The diarrhoea has ceased; the urine is altered in colour, and is now of a pinkish hue; the swelling of the legs is much reduced. Omit the chalk mixture. Continue the use of the powders. Repeat the hot-air bath.

2. The urine is of a light pinkish hue; the quantity of albumen is slightly diminished; the colour is not altered by nitric acid; specific gravity 1011.

8. The ammonia is much reduced, and she expresses herself improved. Bowels open; appetite better; urine of a smoke brown colour, contains a large quantity of albumen. Add a sixteenth of a grain of tartar emetic to each powder.

13. Complained yesterday of pain in the bowels: she took a dose of castor-oil, which

opened the bowels freely, and relieved the pain.

15. The bowels are relaxed, and she has griping pains in the belly, and some tenesmus. Omit the tartar emetic, and apply eight leeches to the epigastrium.

Aug. 3. No swelling in the legs, but complains of pain in them. Countenance much improved; specific gravity of urine 1012; albumen much diminished. To have ten grains of Dover's powder at bedtime.

18. Discharged, very much improved.

During the last fortnight she has complained very much of pains in her limbs, for which she uses the hot-water bath, instead of the hot-air. Her aspect is much improved, her pains relieved, and the urine natural in appearance; the swelling of the legs entirely gone; appetite good; no traces of urea could be discovered in the saliva or the blood.—*Ibid.*

Lacerated wound of the Arm, involving the Elbow-Joint—Question of Excision of the Joint or Amputation—Clinical Remarks by Mr. Ferguson.—William Potts, aged 16, was admitted under Mr. Fergusson, on the 6th of August, at half-past five, P. M., in consequence of a severe injury of his right arm, produced by the machinery of a printing-press.

On examination, an extensive division of the integuments was found on the posterior part of the elbow, through which the articular surfaces of the bones were visible. The external condyle of the humerus was broken off, and lay loose in the wound; the olecranon process of the ulna was broken away, and the point of the coronoid process was also driven off. There were marks of contusion on the forearm and arm, and the textures in the immediate vicinity of the joint were severely injured.

Mr. Fergusson saw him soon after his admission, and, after a careful examination of the parts, considered amputation the only resource, as any attempt to save the limb seemed inadmissible, and likely to be attended with more danger to life than the removal of the member. Amputation was accordingly performed by the double-flap operation, opposite the insertion of the deltoid. The edges of the wound were held together with stitches; union by the first intention took place, and nothing unusual happened in the progress of the cure.

The limb was again inspected after the operation, and in addition to the injuries previously observed, the muscles in the forearm and arm were found severely contused, and blood was extremely extravasated among their fibres, and in all the surrounding textures: the humeral artery was apparently uninjured, but the ulnar nerve was denuded, contused, and seemingly overstretched.

In his subsequent observations on this case, Mr. Fergusson stated that there were several circumstances of considerable importance in

its history, which he thought worthy the attention of the pupils. There were three methods of practice which he had had the option of following, viz., cleansing and dressing the wound, placing the parts in a favourable position, and leaving the case, in a great measure, to nature; performing excision of the ends of the bones, leaving clean cut surfaces instead of contused and lacerated, as presented by the wound; or the total removal of the parts above the seat of injury. The first of these plans he should most willingly have preferred, had he entertained any hope of being able to have saved the limb; but the compound comminuted fracture, compound dislocation, and severe injury to all the textures in the vicinity, seemed to preclude any hope of this kind: the latter circumstance induced him to reject the method of excision; for, though the wound in the skin and the condition of the bones seemed favourable to this practice, and it might have been exceedingly easy to remove the injured ends of the bones, he did not deem the case, in other respects, a proper one for this operation, an operation which he thought too valuable in practice to be carelessly injured in character by the selection of a very questionable case for its performance. He had seen the practice in question adopted in a somewhat similar instance, in which, however, the destruction of parts seemed less extensive; and here, as in various other cases which had come under his notice, the result had been such as to induce him to recommend caution as to the indiscriminate performance of such an operation.

Amputation, under all the circumstances, seemed the most advisable proceeding, and the dissection of the limb clearly evinced its propriety.

Mr. Fergusson also directed attention to what he considered a practical matter of great consequence in this operation. To the surprise of several of the pupils, the limb was divided much higher up than seemed to them necessary, as the skin for several inches lower down appeared sound and uninjured; but, he observed, that though the skin gave no indications of the extent of the injury to the textures which it covered, the muscles, nevertheless, displayed various marks of contusion, such as ecchymosed spots in different parts, even as high up as the seat of amputation. He imagined that in such a case as this; when amputation was done so soon after the injury, there was not sufficient time for the integuments becoming much discoloured, or evincing any alarming appearance; yet this case afforded a good opportunity of enforcing the rule of practice he had pursued; for though during the operation he had removed a small portion of muscle on one of the flaps which appeared to him in a suspicious condition, another smaller portion in a like state, which he had left, had actually sloughed; the slough, however, being so small, that it was correct enough to state, in the usual sense of

the term, that the stump had healed by the first intention.

His object in alluding to this point, was to caution against the practice of amputating in the immediate vicinity of such a wound, as he had repeatedly seen sloughing ensue to such an extent as to leave stumps by no means creditable to good surgery.

In this instance Mr. Fergusson used threads of caoutchouc in making the sutures, and stated that his experience in the use of this material had not yet been such as to induce him to give an opinion of its value: he wished the pupils to watch for themselves the trials he was making of it in different cases at present in the hospital.—*Ibid.*

Schirrous Pylorus—death—Necrotomy. By Mr. WILLIAM PROCTOR. Clinical Assistant, Westminster Hospital.—Mary Shaw, æt. 43, was admitted, 15th June, 1841, into Westminster Hospital, under the care of Dr. Burne. Until three years since she enjoyed good health; at that time she had a severe attack of scarlatina, with low fever: the debility consequent on this was lengthened by a cold taken during recovery. Shortly after complete convalescence she began to feel pain and uneasiness in the stomach, after taking food, followed by nausea and heartburn; which symptoms slowly increasing, tenderness in the epigastrium supervened; and as the disease increased in severity and advanced, every thing taken into the stomach was rejected some little time afterwards; vomiting took place at intervals (without any apparent exciting cause) of matters having different appearances; sometimes a green mucus; at others, that peculiar fluid like coffee grounds, often mixed with undigested food. She was not able to take any thing solid—sago, arrow-root, and nutritive articles of that kind, constituted her diet; but even these she was able to bear only in small quantities. In this state she applied to Dr. Richardson, who, having assured himself of the nature of her disease, sent her into the hospital.

At the time of her admission she was extremely emaciated: the eyes sunk, the cheek-bones prominent, and the whole face lean and linear; the skin was dry, and imparted a rough sensation to the touch; the tongue was dry and furred; the bowels (as they had been all along) very costive: pulse 70, small as a thread, and feeble. She vomited usually about an hour after taking food; and attacks of vomiting, more particularly during the night, still recurred; the matter brought up, being a dark-coloured fluid, generally mixed with matters previously taken into the stomach. Neither at this time, or at any other, was gastric pain experienced; nothing beyond an occasional and disagreeable feeling of distension.

On inspecting the abdomen on several occasions, the outline of the stomach (being then distended) was visible and distinctly traceable;

the thin abdominal parietes being elevated and bulging, in the shape of the stomach, across the epigastric and umbilical regions. Placing the hand on this latter region, to the right of the linea alba, a tumor, the size of half an orange, was clearly palpable, and more or less moveable; its situation was found to vary in some degree, according as the stomach was distended or contracted.

The question that organic disease existed being indisputable, means were employed to allay the vomiting, which was at this time the most urgent symptom; and to support the strength, as far as possible, by diet of milk and sago, with beef-tea, taken in small quantities, and frequently, in order that the stomach might not be suddenly overloaded. The bowels were regulated by common enemata; and as a palliative, she was ordered—

Mistur. Creasoti, ʒj. t. d.

28th.—She has been pursuing the above treatment up to this time; and though there is less vomiting and uneasiness of the stomach, no decided improvement is perceptible; indeed she appears to grow weaker daily. Dr. Burne ordered the mixture to be continued, and an enema of milk every morning, and of beef-tea, egg, and flour, twice a day, with a view to nourish the patient.

July 14.—Has continued the preceding plan, with some benefit; is no weaker than on her admission; vomiting on the whole less, though more frequently, and often in the night.

20th.—The stomach continues more settled; she is able to pursue the plan prescribed by Dr. Burne, and to take a light pudding daily; notwithstanding this, no decided improvement is perceptible. The vomiting returns if the bowels are not open, and emaciation goes on.

28th.—Is gradually getting weaker, and there is more emaciation. Great care being observed, the stomach is induced to retain her food. The attacks of vomiting return frequently during the night, and soon after taking any solid substance, as bread, which was once or twice attempted. She requires the use of aperient (in addition to the nutritive) enemata, in order to relieve the bowels.

Aug. 14th.—Soon after the last report her memory began to fail, and she appeared lost when asked a question. Is much worse in all respects, being able to take scarcely any food; fluid, like coffee grounds, continues to be vomited. For the last three days the bladder required emptying by the catheter; violent hiccough supervened. Her remaining powers failed rapidly, and in the course of the evening she expired.

Post-mortem examination thirty hours after death.—The whole body emaciated, and attenuated to the utmost degree. The abdominal parietes being reflected, a tumor, the size of a small apple, rather flattened, was seen occupying the pyloric extremity of the stomach, and

lying in the umbilical region. The position of the stomach was somewhat oblique; the lesser curvature looking to the right side, and passing transversely downwards from the left hypochondriac to the above named region. The stomach itself was unnaturally large, capable of holding five pints. On laying it open, the cardiac parietes were thin; the mucous membrane soft, and marked with two or three particles of minute dotted vascularity. The tumor completely encircled the pylorus; and, on cutting through it, a rough grating sensation was communicated to the scalpel; the peritoneal coat around it was entire, but involved in the general thickening. Internal to this the tumor was pale, and its extent well defined by a hard white line of cartilaginous consistence. The proper schirrosity occupied the place of the muscular and submucous tissues: this non-analogous structure, extending all round the pylorus, was more than half an inch thick, of a yellowish-white colour, intersected with dense white lines of a fibrous aspect; the interstices filled up with a whitish hard concrete substance. The pylorus itself was diminished in size so as barely to allow the passage of a quill within it; in several places the mucous membrane was ulcerated. The duodenum was of natural calibre, and otherwise in a healthy state. The liver was atrophied, but healthy in structure. The omentum appeared of increased vascularity. — The other viscera were quite healthy; and no schirrous induration occupied the intestinal canal — *Med. Gazette.*

Amaurosis cured by Iodide of Potassium. —

H. Charlwood, aged 13 years, was admitted into the Middlesex Hospital, January 19, under the care of Mr. Arnott. He cannot distinguish, with his left eye, any object, and so complete is the loss of perception in this organ, that it is only where there is a bright light that he can distinguish the shade occasioned by the passage of the hand between it and the light. This pupil is more dilated than that of the right eye; and the iris, without being quite fixed, has but a very limited extent of motion, and that is sluggish. The vision of the right eye is good. The boy has a pallid appearance. He says that he has often been affected with pain in the head and the left side of the face. About two years ago he first noticed that when he looked at objects there appeared a little black spot, as it were, before the left eye, which partially obscured the object. This spot gradually increased in size until about three months since, when vision of the left eye was completely lost. On examining his mouth the teeth are found to be very irregular and crowded, owing to his not having shed any of his temporary molars or canines, some of which are decaying. He has occasionally had toothache. Some time ago a portion of bone came away from his upper jaw, and he pointed to the palate as the spot whence it sepa-

rated, and where there is the appearance of a cicatrix.

Mr. Arnott remarked, that on inquiry into the causes of amaurosis in this case, with a view to determine the plan of treatment to be adopted, it was first of all clear that there was no evidence of local excitement, and that it was not a case requiring, and not likely to be benefited by, mercury or depletion. It was probable, in the next place, that the amaurosis might be connected with the diseased condition of the upper jaw which had previously existed, and possibly did still exist, and the irritation from the presence, at his age, of temporary and permanent teeth at the same time. But, as the tongue was coated, it was advisable to get his stomach and bowels first into a freer state. Accordingly, until the 30th of the month, he underwent a course of alteratives and aperients, but without benefit to the sight.

Feb. 1. Eight temporary teeth and stumps were extracted; namely, one canine and three molars from the upper jaw on the left side, one molar on the right, and three molars from the lower jaw.

Feb. 6 and 8. No improvement; sees no better.

It was now determined, with a view to the possibly still existing diseased state of the bone or periosteum of the jaw, to put him upon a course of iodide of potassium and sarsaparilla. He was, therefore, ordered on the 8th to have a grain and a half of iodide of potassium, with two ounces of decoction of sarsaparilla, three times a day.

15. There has been some improvement in the left eye during the last day or two; on trial this afternoon, he distinguished when the hand was held up before him whether it was open or closed, and he discovered that three fingers only were extended. Continue the medicine.

22. A still further improvement; he says there is less thickness of vision.

27. Is slightly better; grinds his teeth at night. To have a scruple of compound jalap powder directly. Continue the medicine.

March 8. Distinctly better. Distinguished a black button on the grey ground of a waistcoat of one of the pupils.

11. Distinguished the colour of a sovereign from that of a shilling.

15. Recognised the colour of a blue flower in the button-hole of a gentleman's coat. — Told the time by Mr. Arnott's watch after examining it for a little time, and holding it in various positions to the light. Has had soup diet; to now have meat. Continues his medicine.

April 1. Sight improving; can read the diet-card, but he complains of pain in his head to-day. Let his meat be changed for soup. Stop his medicine for a day or two, and let him have a compound senna draught directly.

8. Read, though with difficulty, in one of

the religious tracts given by the clergyman to the patients. To go on with the iodide and the sarsaparilla. The pupil of the left eye is now of nearly the same size as that of the other, and the motions of the iris are almost as rapid.

May 4. The boy has for some time been able to read his Bible with facility. Discharged cured.—*Lancet*.

It seems iodide of potassium cures many diseases. It may be that we are running too hard upon the preparations of iodide, but it is certain that the constitutional affections which resist the action of ordinary remedies, yield nearly as readily to iodide as to mercury, and that, in some cases, the constitutional disturbance is less, and the action of the remedy at least as prompt. But we object decidedly to the large doses in which these remedies have been given of late: not that they are always dangerous, but that in some cases mischievous results follow. Besides, we think the whole system is best revolutionized by minute doses.

Extraordinary Development of the Kidneys in a new-born Infant. By DR. F. OESTERLEN, of Murrhardt.—The great size of the abdomen of the infant formed a serious obstacle to its delivery; the head and breast passed the vulva easily, but it required considerable efforts on the part both of mother and accoucheur to deliver the abdomen. The child was dead, and the enlargement of the abdomen was found to depend on an enormous development of the kidneys, which had displaced the liver and all the other abdominal viscera. They were converted into a vesicular structure, and the granular portions were considerably enlarged. The vesicles were regarded as true hydatids, into which the parenchyma of the kidneys had been transformed.

This disease, though rare in the young of the human subject, is not at all uncommon in lambs.—*Ibid.*, from *Neue Zeitschrift fur Geburtskunde*.

Case of general Emphysema caused by an Ulcer of the Larynx. By M. BODDAUT.—A girl about 15 years of age, had for some time been affected with pain in the throat, difficulty in swallowing, and general ill health. On the 20th of March, the pain of the throat had become very severe; she could not swallow any solid food, and the jaws could not be separated but with difficulty. On the night of the 22d, emphysematous swelling appeared on the neck and the right side of the face, and as the girl was much frightened, and cried abundantly, the swelling rapidly increased over the other parts of the body. By the 24th, the emphysematous swelling had involved the whole of

he face, neck, trunk, and upper extremities, but had not extended to the lower; the palms of the hands being alone exempt from it. She died on the night of the 24th.

No lesion was observed in the lungs. The right ventricle of the heart was gorged with frothy blood. When the larynx and trachea were laid open, a small round ulcer, pierced in its centre by an opening similar to what a lead drop would have produced, was noticed in the right ventricle of the larynx, a little below the vocal cord. Four or five superficial, but not distinctly circumscribed ulcers were observed in the pharynx.—*Ibid.*, from *Annales de la Société de Medicin de Gand*. August 1840.

HEALTH OF THE CITY.

INTERMENTS in the City and Liberties of Philadelphia, from the 11th to the 18th of December.

Diseases.	Adults.	Children.	Diseases.	Adults.	Children.
Apoplexy	1	0	Brought forward,	30	34
Burns,	1	0	Mania a Potu,	1	0
Consumption of the lungs,	7	4	Old age,	1	0
Convulsions,	0	2	Palsy,	2	0
Dropsy,	2	0	Pneumothorax,	4	0
— Head,	0	3	Scrofula,	0	1
Disease of the heart,	1	0	Small pox,	3	5
Debility	0	2	Stone,	1	0
Epilepsy,	2	0	Still-born,	0	4
Erysipelas,	0	3	Unknown,	2	1
Effusion on chest,	1	0	Varioloid,	1	0
Fever,	0	2	Violence,	1	0
— Congestive,	0	1	Total,	91	46 45
— Typhus,	2	0	Of the above, there		
— Puerperal,	1	0	were under 1 year,	23	
— Scarlet,	0	4	From 1 to 2	8	
Hernia,	1	0	2 to 5	8	
Inflammation of the Brain,	3	1	5 to 10	5	
— Bronchi,	0	4	10 to 15	0	
— Lungs,	5	1	15 to 20	1	
— Stomach,	1	0	20 to 30	12	
— Bowels,	0	2	30 to 40	2	
— Breast,	0	2	40 to 50	9	
— Peritonæum,	1	0	50 to 60	5	
Marasmus,	0	1	60 to 70	4	
Malformation,	0	1	70 to 80	7	
Measles,	0	1	80 to 90	5	
Mortification,	1	0	90 to 100	2	
	—	—	Total,		91
			Carried forward,	30	34

Of the above there were 5 from the almshouse, and 7 people of colour, which are included in the total amount.

